UAB School of Nursing (SON)  
Graduate School Admissions Process Checklist  
UPON RECEIPT OF THIS LETTER:  
Deadline: (within 10 days of receipt)

*Steps 1 through 11 must be complete prior to registering for courses

☐ 1. Sign and return the acceptance form. (Attachment A)
☐ 2. Sign and return the FERPA release form (Attachment B)
☐ 3. Verify licensure and CPR are active through your first semester  
  • RN license (update with the SON based on expiration of certification)  
  • CPR Certification (update with the SON based on expiration of certification)
☐ 4. Begin gathering medical clearance documentation and schedule a physical exam

AFTER RETURNING LETTER OF ACCEPTANCE AND BEING ADMITTED AS A UAB STUDENT:  
Deadline: April 20, 2020

☐ 5. Begin taking steps to gain medical clearance Please review (Attachment C) and visit the UAB Student Health and Wellness webpage:  
  http://www.uab.edu/studenthealth/medical-clearance/general-info
☐ 6. Step 1: Check email for background check notification from ESS (results@es2.com), and complete within ten days of email arrival(mid-April)
☐ 7. Step 2: Check your email for drug screen notification from LabCorp (OTSWEBAPP@labcorps.com) and complete within ten days of email arrival(mid-April)
☐ 8. Review the template Program of Study, individual program of study will be emailed closer to orientation (Attachment D)
☐ 9. Create Blazer ID and a @uab.edu email account by March 6, 2020. One month prior to DNP Mandatory Orientation: April 13-15, 2020 (Attachment E)
☐ 10. Once all holds are cleared, register for classes as listed on your approved and signed program of study using the Registration Quick Guide (Attachment F)
☐ 11. Complete (You will not have access until 60 days prior to the first day of the term you are admitted for)  
  • HIPPA training course – Instructions Attached (Attachment G)  
    (Once for the duration of your program)  
  • OSHA training course – Instructions Attached (AttachmentH)  
    (Annual requirement)
☐ 12. Mandatory on-campus attendance at DNP Orientation: April 13-15, 2020 (agenda will be emailed)
☐ 13. Check the Academic calendar for important dates (Attachment I)
☐ 14. Read Post Licensure Core Performance Standards of Admission and Progression(Attachment J)
☐ 15. (Optional) Please apply if you qualify for any of the funding opportunities listed on the following website:  
  http://www.uab.edu/nursing/home/scholarships-financial-aid
Consent to Release of Student Record Information

I understand that the Family Educational Rights and Privacy ACT of 1974 (FERPA) gives students certain rights concerning their educational records, among which is the right to exercise some control over the release of information by the University. I also understand that to obtain my degree, I am required to participate in educational/training experiences, including but not limited to clinical rotations and/or preceptorships, that will occur at external facilities. To participate in these external educational/training experiences, UAB faculty, administrators, and staff as well as others working on their behalf (“UAB Personnel”) will be required to disclose personal information from my student record.

By my signature below, I consent to the release and disclosure of information from my student record(s) by UAB Personnel to authorized personnel at external sites, including authorized personnel at any supervising/accrediting agency of any external site with a legitimate need to know, that is required for my participation and completion of any educational/training experience (“Consent”). Information covered by this Consent includes, but is not limited to: academic information (e.g., coursework, grades, degrees earned, performance in other external rotations); professional information, (e.g., licenses obtained, suspension, revocation); training and/or certifications (e.g., CPR, OSHA/Blood borne pathogen); health information (e.g., Hepatitis, TB Testing); health and other insurance information and, the results of any criminal background check and/or drug testing/treatment information.

This Consent will become effective on May 11, 2020, and will expire at the completion of my degree in my current field of study.

I understand that I may revoke this consent at any time, but that I must send advance, written notice to the Office of Student Affairs of my decision to revoke the consent and that revocation will not be effective until received by the aforementioned person. I also understand that information that has been released prior to receipt of by UAB Personnel is not impacted by the revocation.

_________________________  _______________________
[Student’s signature]        [Date]

_________________________  _______________________
[Student’s Printed Name]     [BLAZERID]@uab.edu

_________________________
[Witness]
8 steps to completing Student Immunization/TB Clearance

1. You are admitted to UAB.

2. Create your BlazerID if you have not already done so (uab.edu/blazerid).

3. You receive an email from UAB explaining the clearance process and including necessary web links to UAB Student Health and Wellness (SHW) website and Patient Portal (link available on your BlazerNET account, all SHW webpages).

4. Access your specific immunization/TB requirements on the SHW website or patient portal.

5. Click “Immunizations” tab, and view your specific requirements.

6. Click “Add immunization Record” and upload your scanned documents for your various clearance requirements. (Must be JPEG, JPG, PNG, GIF or PDF)

7. You may also fax your immunization records to SHW at 205-996-SHOT (7468).

8. Your immunization status will be reflected on your student profile in BlazerNET and on the Patient Portal under “Immunizations” tab, as you update and complete your requirements.

The purpose of the medical clearance process is to ensure a safe and healthy environment on the UAB campus. Medical clearance requirements vary by school and student type. These requirements must be met before the first day of class to avoid having a registration hold placed on your student account, registration cancelled, or being unable to begin classes.

UAB Student Health and Wellness
1714 9th Avenue South

Please use the Patient Portal to contact Student Health and Wellness. This is the most efficient way to inquire about your immunizations or test results.
Please save this form and upload it to Certifiedprofile.com.

**Entering Semester:**  
- ☐ Fall  
- ☐ Spring  
- ☐ Summer  
- ● Year  
- ● UAB Student No.  
- B  

### General Information

- **Full Name:** ____________________________  
- **Gender:**  
  - ☐ Male  
  - ☐ Female  
  - ☐ Transgendered  
  - ☐ Transitional  

- **Date of Birth:**  
  - **Month:** ______  
  - **Day:** ______  
  - **Year:** ______  

- **School:** ____________________________  
- **Program or Major Code:** ____________________________  
  - CAS, Med, Dent, SHP, Nurs. etc.  
  - Education, History, Physics, Biology, etc.  

- **Current Email address:** ____________________________  
- **Blazer ID:** ____________________________  

- **Are you an International Student or Scholar?**  
  - ☐ Yes  
  - ☐ No  
  - If Yes, which country? ____________________________

- **Telephone number:** ____________________________  
- **Height:** ______  
- **Weight:** ______  

- **Local Address:** ____________________________  
  - **Home**  
  - **Cell**  

- **Permanent Address** ____________________________

- **Primary emergency contact:** ____________________________  
- **Telephone number:** ____________________________  
- **Relationship:** ____________________________

- **Secondary emergency contact:** ____________________________  
- **Telephone number:** ____________________________  
- **Relationship:** ____________________________

### Personal Health History

#### Medical Conditions

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

#### Medications

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Food/Medicine Allergies

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
<td>Reaction</td>
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</tbody>
</table>
## Family & Personal Health History (to be completed by the student)

### Has any person, related by blood, had any of the following?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart attack before age 55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glaucoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol or blood fat disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood clotting disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/drug problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Have ever had or now have: (please check at right of each item and if yes, indicate year of first occurrence)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
</tr>
<tr>
<td>Heart trouble</td>
<td></td>
</tr>
<tr>
<td>Pain/pressure in chest</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
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<tr>
<td>Chronic cough</td>
<td></td>
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<tr>
<td>Tuberculosis</td>
<td></td>
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<tr>
<td>Tumor/cancer(specify)</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td>Thyroid trouble</td>
<td></td>
</tr>
<tr>
<td>Serious skin disease</td>
<td></td>
</tr>
<tr>
<td>Hearing loss</td>
<td></td>
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<tr>
<td>Sexually transmitteddisease</td>
<td></td>
</tr>
<tr>
<td>Severe menstrual cramps</td>
<td></td>
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<tr>
<td>Irregular periods</td>
<td></td>
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<tr>
<td>Frequent vomiting</td>
<td></td>
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<tr>
<td>Gall bladder or gallstones</td>
<td></td>
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<tr>
<td>Jaundice or Hepatitis</td>
<td></td>
</tr>
<tr>
<td>Rectal disease</td>
<td></td>
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<tr>
<td>Severe/recurrent abdominal pain</td>
<td></td>
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<tr>
<td>Sinusitis</td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td></td>
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<tr>
<td>Chicken pox</td>
<td></td>
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<tr>
<td>Anemia/Sickle Cell Anemia</td>
<td></td>
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<tr>
<td>Eye trouble besidesglasses</td>
<td></td>
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<tr>
<td>Bone, joint, otherdeformity</td>
<td></td>
</tr>
<tr>
<td>Shoulder dislocation</td>
<td></td>
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<tr>
<td>Knee problems</td>
<td></td>
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<tr>
<td>Recurrent back pain</td>
<td></td>
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<tr>
<td>Neck injury</td>
<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Mononucleosis</td>
<td></td>
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<tr>
<td>Hay fever</td>
<td></td>
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<tr>
<td>Head/neck radiation</td>
<td></td>
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<tr>
<td>Arthritis</td>
<td></td>
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<tr>
<td>Concussion</td>
<td></td>
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<tr>
<td>Frequent/severeheadache</td>
<td></td>
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<tr>
<td>Dizziness/fainting spells</td>
<td></td>
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<tr>
<td>Severe head injury</td>
<td></td>
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<tr>
<td>Paralysis</td>
<td></td>
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<tr>
<td>Epilepsy/seizures</td>
<td></td>
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<tr>
<td>Blood transfusion</td>
<td></td>
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<tr>
<td>Protein in blood or urine</td>
<td></td>
</tr>
<tr>
<td>Ulcer (duodenal/stomach)</td>
<td></td>
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<tr>
<td>Intestinal trouble</td>
<td></td>
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<tr>
<td>Pilonidal cyst</td>
<td></td>
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<tr>
<td>Allergy injection therapy</td>
<td></td>
</tr>
<tr>
<td>Back injury</td>
<td></td>
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<tr>
<td>Broken bones</td>
<td></td>
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<tr>
<td>Kidney infection</td>
<td></td>
</tr>
<tr>
<td>Bladder infection</td>
<td></td>
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<tr>
<td>Kidney stone</td>
<td></td>
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</tbody>
</table>

### Mental Health History

<table>
<thead>
<tr>
<th>Symptom</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Sleep problems</td>
<td></td>
</tr>
<tr>
<td>Self-injurious Behavior</td>
<td></td>
</tr>
<tr>
<td>Depression/bipolar</td>
<td></td>
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<tr>
<td>Anxiety/panic</td>
<td></td>
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<tr>
<td>LD/ADD/ADHD</td>
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</tr>
<tr>
<td>Eating Disorder</td>
<td></td>
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<tr>
<td>Obsessive compulsive</td>
<td></td>
</tr>
<tr>
<td>Self-induced vomiting</td>
<td></td>
</tr>
</tbody>
</table>

### Substance Use History

<table>
<thead>
<tr>
<th>Symptom</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/drug problem</td>
<td></td>
</tr>
<tr>
<td>Smoke 1+ pack cigs/week</td>
<td></td>
</tr>
</tbody>
</table>
**UAB SH&W PHYSICAL EXAMINATION** *(Please print in black ink)* To be completed and signed by physician or clinician. A physical examination is required within 1 year prior to matriculation. Please complete it in its entirety.

You may schedule a physical exam at Student Health & Wellness if you do not have a physician. Schedule an appointment through your patient portal or call 205-934-3580 and ask our receptionist for details.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th><a href="mailto:BlazerID@uab.edu">BlazerID@uab.edu</a></th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Height ___________ Weight ___________ TPR / / / BP / / |

Vision: Corrected Right 20/ _____ Left 20/ _______

Uncorrected Right 20/ _____ Left 20/ _______

Color Vision ________________

<table>
<thead>
<tr>
<th>Are there abnormalities? If so, describe full</th>
<th>WNL</th>
<th>ABN</th>
<th>DESCRIPTION (attach additional sheets if necessary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head, Ears, Nose, Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Cardiovascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Hernia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Genitourinary</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. Metabolic/Endocrine</td>
<td></td>
<td></td>
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<tr>
<td>10. Neuropsychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Mammary</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

A. Is there loss or seriously impaired function of any organs? _____ No _____ Yes

Explain ____________________________________________

A. Recommendation for physical activity (physical education, intramurals, etc.) _____ Unlimited _____ Limited

Explain ____________________________________________

Signature of Physician/Physician Assistant/Nurse Practitioner __________________________ Date __________

Print Name of Physician/Physician Assistant/Nurse Practitioner __________________________ Date __________

Office Address/Stamp __________________________ Area Code/PhoneNumber __________________________
UAB Student Health & Wellness Immunization Form

Clinical Students

*Copies of your original immunization records will also be accepted in place of this form. Providers must sign both pages of this form.

NAME: __________________________________________ DATE OF BIRTH: (mm/dd/yyyy): ______________________
ADDRESS: ______________________________________ PHONE: ________________________________
PROGRAM OF STUDY: ____________________________ BLAZERID: __________________________ @UAB.EDU

IMMUNIZATION HISTORY MUST BE COMPLETED BY A HEALTH CARE PROVIDER

1. MMR- Measles, Mumps, and Rubella: All students must satisfy this requirement, either by two vaccination doses against each of the three diseases or laboratory evidence of immunity to all three diseases.

   EITHER
   
   Two doses of MMR vaccine:
   Date: ___/___/______
   Date: ___/___/______
   OR
   
   Two doses of each vaccine component:
   Measles
   Date: ___/___/______ Date: ___/___/______
   Mumps
   Date: ___/___/______ Date: ___/___/______
   Rubella
   Date: ___/___/______ Date: ___/___/______
   OR
   Laboratory evidence of immunity to all three diseases:
   Measles
   Date: ___/___/______ Result: __________
   Mumps
   Date: ___/___/______ Result: __________
   Rubella
   Date: ___/___/______ Result: __________

   *If any laboratory titers are non-immune, 1 booster vaccine is required. Date: ___/___/______

2. Tdap- Tetanus, Diptheria, Acellular Pertussis: All students must have Tdap vaccination within the past 10 years.
   Date: ___/___/______

3. Hepatitis B Series: All students must have a series of three Hepatitis B vaccinations (initial dose, dose two at 1 month, dose three at 6 months). A post-vaccine surface antibody titer (to demonstrate immunity) is required one month after 3rd vaccinatedose.
   Dose 1 Date: ___/___/______ Dose 2 Date: ___/___/______ Dose 3 Date: ___/___/______
   Hep B surface antibody titer: Reactive: ______ Non-Reactive: ______ Date: ___/___/______

   *If antibody non-reactive, Hepatitis B surface antigen is required prior to repeat series. Date: ___/___/______
   Result: __________________

   If Hep B surface antigen is negative, repeat series required.
   Dose 1 Date: ___/___/______ Dose 2 Date: ___/___/______ Dose 3 Date: ___/___/______
   Hep B surface antibody titer: Reactive: ______ Non-Reactive: ______ Date: ___/___/______

   *If repeat Hep B surface antibody is non-reactive, student will be considered a non-responder.

Provider signature or officestamp _____________________________________________
4. **Varicella** (chickenpox): All students must have documented history of Varicella, a positive Varicella antibody titer, or two doses of Varicella vaccines given at least 28 days apart.

   **EITHER**
   - History of Varicella (chickenpox or shingles): Yes: No: Date: ___/___/____
   - Varicella antibody titer Positive: Negative: Date: ___/___/____
   - Varicella vaccination Dose 1: ___/___/____ Dose 2: ___/___/____

   *If Varicella antibody titer is negative or equivocal, two repeat vaccinations are required.

5. **Meningococcal**: All students 21 and younger are required to show documentation of a meningitis vaccine given on/after their 16th birthday. Students age 22 and older are exempt. Date: ___/___/____

6. **Tuberculosis**: All clinical students must meet UAB’s Tuberculosis screening requirement. If no history of positive Tb skin test, two separate skin tests or one IGRA blood test are required upon matriculation. Skin tests must be placed at least one week apart. *ALL TB TESTING (skin, blood, CXR) MUST BE PERFORMED IN THE U.S.*

   **EITHER**
   - a. Tuberculin Skin Test (PPD) within 12 months prior to matriculation:
     - Date Placed: ___/___/____ Date Read: ___/___/____ Result (mm): ________ Positive: ________ Negative: ________
     - b. If first Tuberculin Skin Test (PPD) negative, second skin test is required. Must be placed at least 1 week after the first test and within 3 months prior to matriculation:
       - Date Placed: ___/___/____ Date Read: ___/___/____ Result (mm): ________ Positive: ________ Negative: ________
   - a. IGRA (Tspot or Quantiferon TB Gold) blood test and UAB TB questionnaire within 3 months prior to matriculation:
     - Date: ___/___/____ Positive: _____ Negative: _____
     - b. UAB TB Questionnaire

   *If positive skin test or IGRA result, Chest X-Ray within 3 months prior to matriculation and UAB TB Questionnaire required.
   - a. Chest X-Ray Date: ___/___/____ Normal: _____ Abnormal: _____ (*Please attach results)
   - b. UAB TB Questionnaire
   - c. Have you been treated with anti-tubercular drugs? Yes: No: _____

   If yes, type of treatment: ____________________________ Length of Treatment: ____________________________ *Please attach supporting documentation.

---

**Verification of the above Student Immunization Record and Tuberculosis Screening by Health Care Provider:**

Verified by: ____________________________ Title: ____________________________

Address: ____________________________

Phone: ____________________________

Signature: ____________________________ Date: ___/___/____
# Program of Study
## BSN-DNP Program
### Acute Care – Pediatric

<table>
<thead>
<tr>
<th>Name: «First» «Last»</th>
<th>ID#: «BooNumber»</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nurse Practitioner</strong></td>
<td><strong>BSN-DNP Curriculum</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Year One - First Term: Summer 2020</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUR 737Q</td>
<td>Interdisciplinary Leadership and Role Development for Practice Excellence</td>
<td>3 hours</td>
</tr>
<tr>
<td>NUR 740Q</td>
<td>Health Policy and Politics: Implications for Health Care</td>
<td>3 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6 Hours</strong></td>
</tr>
<tr>
<td><strong>Year One – Second Term: Fall 2020</strong></td>
<td></td>
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</tr>
<tr>
<td>NUR 731Q</td>
<td>Philosophical, Theoretical, and Conceptual Foundations for APN</td>
<td>3 hours</td>
</tr>
<tr>
<td>NUR 745Q</td>
<td>Foundations of Scholarly Writing</td>
<td>3 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6 hours</strong></td>
</tr>
<tr>
<td><strong>Year One – Third Term: Spring 2021</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUR 735Q</td>
<td>Population Health in Advanced Practice Nursing</td>
<td>3 hours</td>
</tr>
<tr>
<td>NUR 733Q</td>
<td>Informatics for Advanced Practice Nursing</td>
<td>3 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6 hours</strong></td>
</tr>
<tr>
<td><strong>Year Two – First Term – Summer 2021</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUR 612Q</td>
<td>Advanced Pathology</td>
<td>3 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>3 hours</strong></td>
</tr>
<tr>
<td><strong>Year Two – Second Term – Fall 2021</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUR 700Q</td>
<td>Clinical Data Management and Analysis</td>
<td>3 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>3 hours</strong></td>
</tr>
<tr>
<td><strong>Year Two – Third Term- Spring 2022</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUR 613Q</td>
<td>Pharmacology and Therapeutics</td>
<td>3 hours</td>
</tr>
<tr>
<td>NUR 729Q</td>
<td>Evidence-Based Practice Design and Translation</td>
<td>3 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6 hours</strong></td>
</tr>
<tr>
<td><strong>Year Three – First Term – Summer 2022</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUR 614Q</td>
<td>Assessment and Diagnostic Reasoning for Advanced Nursing Practice</td>
<td>3 hours</td>
</tr>
<tr>
<td>NCC 618QL</td>
<td>Focus on Advanced Nursing Practice Specialization</td>
<td>3 hours</td>
</tr>
<tr>
<td>NUR 743Q</td>
<td>Evidence-Based Practice Strategies</td>
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<td><strong>Total</strong></td>
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<td><strong>9 hours</strong></td>
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<td><strong>Year Three – Second Term – Fall 2022</strong></td>
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<tr>
<td>NCC 721Q</td>
<td>Advanced Pediatric Nursing I - Acute Care</td>
<td>5 hours</td>
</tr>
<tr>
<td>NCC 785QL</td>
<td>Practicum I: Advanced Pediatric Nursing- Acute Care</td>
<td>3 hours</td>
</tr>
<tr>
<td>NUR 742Q</td>
<td>Program Evaluation Methods</td>
<td>3 hours</td>
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<td><strong>Total</strong></td>
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<td><strong>11 hours</strong></td>
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<td><strong>Year Three – Third Term – Spring 2023</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCC 722Q</td>
<td>Advanced Pediatric Nursing II - Acute Care</td>
<td>4 hours</td>
</tr>
<tr>
<td>NCC 786QL</td>
<td>Practicum II: Advanced Pediatric Nursing – Acute Care</td>
<td>3 hours</td>
</tr>
<tr>
<td>NUR 738Q</td>
<td>DNP Project Planning</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10 hours</strong></td>
</tr>
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## Program of Study BSN-DNP Program
### Acute Care – Pediatric

#### Year Four – First Term – Summer 2023

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCC 723Q</td>
<td>Advanced Pediatric Nursing III - Acute Care</td>
<td>5</td>
</tr>
<tr>
<td>NCC 792QL</td>
<td>Practicum III: Advanced Pediatric Nursing – Acute Care</td>
<td>4</td>
</tr>
<tr>
<td>NUR 739Q</td>
<td>DNP Project Implementation and Evaluation</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total: 11 hours**

#### Year Four – Second Term – Fall 2023

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 739Q</td>
<td>DNP Project Implementation and Evaluation</td>
<td>5</td>
</tr>
<tr>
<td>NUR 701Q</td>
<td>Writing for Publication</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total: 8 hours**

**Overall Total: 79 hours**

---

**Student:** This is your official Program of Study (POS) for completing the DNP degree. Changes to the existing POS MUST be approved by your faculty advisor. Failure to follow this POS may result in delay in completing the program and administrative withdrawal from unapproved courses. Please maintain a copy for your file.

**Faculty Advisor:** Please review and sign received POS with student’s signature and submit a copy to Student Affairs Office. Please maintain a copy for your file.

Students must meet all degree requirements. Credit hours cannot be used from a previous degree. Additionally, this distance accessible program is not completely online. Students are required to be on campus for selected learning experiences such as orientations, course intensives, and other experiences as deemed appropriate.

Students who are transferring/waiving courses MUST complete the submitted Request for Approval and Transfer of Graduate Level Coursework form for official approval to Student Affairs. A copy of the form is located at [http://www.uab.edu/nursing/current-students/current-student-forms](http://www.uab.edu/nursing/current-students/current-student-forms).

---

**Student’s Signature**

__________________________________________

Date:____________________

**Faculty Advisor’s Signature**

__________________________________________

Date:____________________
Creating a Blazer ID

What is a BlazerID?
• A BlazerID is your computer login name at UAB
• A BlazerID is your student email address also (blazerid@uab.edu)
  Choose carefully because once it is set, your Blazer ID can never be changed or removed, regardless if you change marital status, decide the ID is inappropriate for class or work or a resume, or later get hired or return to school here.

Why do I need a Blazer ID?
• Most network and computer services at UAB require a Blazer ID for login
• Student E-mail Policy---Students must have a uab.edu e-mail address in order to register for classes. To comply with the policy you also must have a valid, current, and reliable electronic mailbox. If there is a change in the e-mail address your uab.edu e-mail is directed, you should make changes in the UAB e-mail registration system to continue to receive UAB communications.

Uses of Blazer ID
• You must have a Blazer ID to register for classes
• Student E-mail account
• Some departmental computer labs
• WebCT online courses
• Class mailing lists, important information e-mailed from your department, school, and designated UAB support areas

Go to https://idm.blazernet.uab.edu/bid/reg to get started.

Register for your classes

http://main.uab.edu and click on the “quick links” to find “BlazerNet”
Log into BlazerNet to begin registration under the “student tab” and then “registration” tab
REGISTRATION INSTRUCTIONS

To register for courses, please sign in to BlazerNET (www.uab.edu/blazernet). Access to BlazerNET requires a Blazer ID and password. If you do not have a Blazer ID, you may obtain one at Blazer ID Central or you may view the schedule of classes.

How to Register through BlazerNET
- Once logged in to BlazerNET, click on the “Registration” link on the green ribbon.

To look up the Course Reference Number for your course(s)
- Click on the “Look Up Classes” link to search the available courses for the term. You may search for classes with several different criteria, but the only block that must be utilized is the Subject block.

1. Registration
   Select Term
   Look Up Classes
   Add, Drop or Withdraw Classes
   Change Class Options
   Week at a Glance
   Student Detail Schedule
   Registration Status
   Active Registration
   Registration History
   Enrollment Verification Request
   Banner Self-Service Enrollment Verification Request
   Order Text Books
   Schedule Planner -- New!!
   Create the perfect class schedule
   Schedule Planner Registration Cart
   RELEASE: 8.8

2. Select Term
   May, 16-Week. Summer A, and Summer B session classes are listed under the Summer Term.

3. Look Up Classes
   Subject:
   EN, KIN, Nutrition, Pharmacology, Hlth
   NUR, Nursing, Podiatry
   NP, PA, Psy, Mids W/ Nurs Pacl
   NRM, Nursing, Research Methods
   NUR, NUR, Statistical Methods
   NUR/Cnclning, Teaching
   NUR/Nutrition Science
   NUR/Nursing, Wm, Women’s Health
   UAB, Co, Co, Biology
   RELEASE: 8.8

- Once the classes are visible, register for the course(s) by clicking on the empty checkbox to the left of the CRN and clicking on the Register button at the bottom of the screen.
If you already know the CRN for your course(s)

- Click on the “Add/Drop Classes” link in the “Registration Tools” channel.

  ![Registration Tools](image)

- The Add/Drop worksheet will appear. There will be a row of empty blocks. Type in the 5-digit CRN for your course in any of the blocks. If you are registering for more than one course, tab over to another block and enter in all of the courses at one time. (You do not need to type in the subject or number for the course, only the CRN is required!)

- Click on the Register button at the bottom of the screen when complete.

Add Classes Worksheet

<table>
<thead>
<tr>
<th>CRN</th>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
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</tr>
</tbody>
</table>

[View Holds | Change Class Options]

**IMPORTANT NOTE:**

Register for co-requisites in your Clinical Sequence by selecting **BOTH** courses required at the same time. Failure to select both courses at the same time will cause an error and not allow you to register for either course until **BOTH** are selected simultaneously.

If you receive a Registration Error Message when registering, please contact the Office of Student Success in the School of Nursing 205-975-7529

Please see the list below of common registration errors:

- **RAC:** A Registration Access Code (RAC) is required for your account.
- **CORQ:** Course has a corequisite. The CRN of the required corequisite should follow the CORQ error message. Please submit the courses simultaneously.
- **PREQ/TEST SCORE:** Course has a prerequisite or test placement requirement. The CRN or title of the required prerequisite should follow the PREQ error message.
- **CLOSED SECTION:** There are no more seats available in the course.
- **NEED INSTRUCTOR PERMISSION:** Permission of the instructor is required to take this course.
- **LEVEL RESTRICTION:** Your classification level is invalid for this course.
- **HOLDS:** Holds are on your account, which restrict you from registering. Please scroll down until you see a “View Holds” icon. This icon will show your specific holds. Please see the department listed to remove the hold.
HIPAA
American Health Insurance Portability and Accountability Act of 1996

HIPAA works to ensure that all medical records, medical billing and patient records meet certain consistent standards with regards to documentation, handling and privacy.

HIPAA is a one-time training – if you are or were employed with UAB or are a former SON student you have already completed the training and it will not show up in your Assigned Learning, you will need to send a copy of your certificate of completion either via email (sonstudaffrs@uab.edu) or fax to 205-934-5490.

***If you have taken HIPAA training with another healthcare institution, you will need to retake it through UAB’s Campus Learning system in order to complete the requirement and receive credit.

To access the UAB/UABHS HIPAA Privacy and Security Training Course click here: https://uab.docebosaas.com/learn

YOU WILL NOT HAVE ACCESS UNTIL 60 DAYS PRIOR TO THE FIRST DAY OF THE TERM YOU ARE ADMITTED FOR

• Click on LOGIN WITH BLAZERID
• Log in using your BlazerID and password
• Type in “UAB/UABHS HIPAA Privacy and Security Training” in the search bar
• Select the course and then click ENROLL
• Click on START LEARNING NOW
• Click on DOWNLOAD NOW
• Presentation slides will display
• View all training slides
• When completed, exit by selecting the ‘X’ at the top right of the screen
• Click on HIPAA Post Test
• Click on BEGIN THE TEST
• Click on ‘Start Test’
• Successful completion is considered a score of 75% or better. If unsuccessful, repeat these steps until you have a satisfactory score.
• You can see a certificate in the Campus Learning System by going to “My Activities” located on the homepage; however, https://www.uab.edu/learninglocker is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day.

The School of Nursing will have access electronically to your training.
If you are having problems accessing the Campus Learning system email campuslearning@uab.edu. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.
**Bloodborne Pathogens Course (OSHA)**

Occupational Safety and Health Administration

To access the “Bloodborne Pathogens Course” (OSHA) training go to (clicking the link enrolls you into the course):

https://uab.docebosaas.com/lms/index.php?r=course/deeplink&course_id=153&hash=ab9c6c7c9b386a569fa924e13074b754fec7b4&generated_by=55029.

**Bloodborne Pathogens Course course is REQUIRED ANNUALLY.**

YOU WILL NOT HAVE ACCESS UNTIL 60 DAYS PRIOR TO THE FIRST DAY OF THE TERM YOU ARE ADMITTED FOR

- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID and password
- Click on Bloodborne Pathogens Course
- You will need to click on and go through Course Material, Reality Check, Course Assessment and Course Evaluation
- You can see a certificate in the Campus Learning System by going to “My Activities” located on the homepage; however, https://www.uab.edu/learninglocker is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day

The School of Nursing will have access electronically to your training.

If you are having problems accessing Campus Learning email campuslearning@uab.edu. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.
### SUMMER 2020

#### ACADEMIC CALENDAR

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 30 - Apr 10</td>
<td>Assigned Time Registration</td>
</tr>
<tr>
<td>Apr 13 - May 10</td>
<td>Open Registration</td>
</tr>
<tr>
<td>Apr 13 - May 10</td>
<td>Open Registration</td>
</tr>
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</table>

  - non-degree-seeking undergraduate students

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 11</td>
<td>Classes Begin</td>
</tr>
<tr>
<td>May 11 - 18</td>
<td>Registration After Classes Begin</td>
</tr>
<tr>
<td>May 18</td>
<td>Last Day to Drop/Add (Without paying full Tuition &amp; Fees)</td>
</tr>
<tr>
<td>May 25</td>
<td>Memorial Day Holiday</td>
</tr>
<tr>
<td>July 6</td>
<td>Last Day to Withdraw</td>
</tr>
<tr>
<td>July 3</td>
<td>Independence Day Holiday</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 7</td>
<td>Last Day of Class</td>
</tr>
<tr>
<td>Aug 8 - 14</td>
<td>Final Exams</td>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>Aug 14</td>
<td>Commencement - Graduate Students</td>
</tr>
<tr>
<td>Aug 15</td>
<td>Commencement - Undergraduate Students</td>
</tr>
<tr>
<td>Aug 17</td>
<td>Grades Due (by midnight)</td>
</tr>
<tr>
<td>Aug 19</td>
<td>Grades Available Online</td>
</tr>
</tbody>
</table>
Recognizes

Has

Communicates

Has

Has

Must

Exhibits arithmetic competence that would allow the student to read, understand and perform accurate calculations for computing

Manages multiple priorities in

Responds

Has the ability to work in groups on

Provides health teaching information for clients, families, and/or groups based on assessed needs, available resources, age,

Explain treatment and

Documents

Respects

Communication

Lifts,

Analyze

Has

Has

Physical

Has

Critical Thinking

Interpersonal

Identifies safety issues in clinical situations

Identifies cause/effect relationships in clinical situations, develops, evaluates, and revises nursing plan of care as appropriate

Has the ability to make safe judgments when planning and implementing all psychomotor nursing prescriptions

Manages multiple priorities in stressful situations

Responds instantly to emergency situations

Exhibits arithmetic competence that would allow the student to read, understand and perform accurate calculations for computing medication dosages and intravenous flowrates

Analyze theories for application to advanced nursing practice

Identify cause/effect relationships in clinical judgement in clinical situations, develop clinical notes, employ diagnostic reasoning

Synthesize reading assignments, able to write course assignments

2. **Interpersonal:** Interpersonal abilities sufficient to interact with individuals and groups from diverse backgrounds

   - Establishes appropriate rapport with clients and colleagues
   - Has the ability to work in groups on course activities
   - Maintains therapeutic relationships with clients and colleagues
   - Respects cultural diversity and rights of others
   - Works effectively in small groups as a team member and as a team leader
   - Practices verbal and non-verbal therapeutic communication
   - Recognizes and attempts to resolve adverse events for both clients and colleagues

3. **Communication:** Communication abilities (hearing, speaking, reading, and writing) sufficient for interaction with others in verbal, written, assisted, and electronic form.

   - Writes and speaks English effectively so as to be understood by the general public
   - Has the ability to complete written assignments, participate in classroom discussion/activities, and complete group projects
   - Has the ability to focus in class without making disruptive interruptions
   - Communicates therapeutically with clients, families, and groups in a variety of settings
   - Documents client data and nursing care completely and accurately
   - Provides health teaching information for clients, families, and/or groups based on assessed needs, available resources, age, lifestyle, and cultural considerations
   - Has the ability to use a variety of computer programs and platforms
   - Must be able to give and receive constructive feedback, process feedback, and utilize it to conform behavior to expected professional standards
   - Explain treatment and diagnostic procedures in verbal and written form, initiate health teaching, document and interpret patient/client responses to acute and chronic illness

4. **Physical Mobility:** Physical abilities sufficient to move from room to room and maneuver in small spaces.

   - Able to attend and participate in class
   - Has the ability to push, pull and/or lift a minimum of 30 lbs. of weight
   - Has mobility and stamina sufficient to function for up to a 12-hour clinical experience in various settings
   - Lifts, moves, positions, and transports clients without causing harm to client or self
   - Has the ability to move around client’s room, work spaces and treatment areas, in all clinical settings
• Has the ability to stoop, bend, squat, and reach overhead as required to deliver care safely in emergent and non-emergent situations
• Performs cardiopulmonary resuscitation according to recommended procedures and professional standards

5. **Gross and Fine Motor Skills:** Gross and fine motor abilities sufficient to provide safe and effective nursing care
   • Performs physical activities necessary to accomplish nursing skills, including but not limited to: putting on sterile gloves, donning mask and gown, operating a manual and electronic blood pressure cuff, using sterile technique and performing essential client care
   • Performs correct hand washing technique
   • Provides or assists with activities of daily living
   • Administers all routes of medications to maintain client safety
   • Has the ability to use computers and other electronic devices
   • Performs electronic keyboarding/documentation and/or extensive writing
   • Calibrates and uses equipment correctly (e.g. syringes, vials, ampoules, medication packages)
   • Has the gross and fine motor ability to grasp small objects (e.g. IV tubing, syringe, dropper)
   • Utilize instruments specific to the clinical specialty
   • Perform physical and developmental assessment maneuvers

6. **Auditory:** Auditory ability sufficient to monitor and assess health needs
   • Has the auditory ability to participate in class lectures and contribute to discussions
   • Hears verbal exchanges among health care personnel and clients
   • Has the auditory ability to monitor alarms, emergency signals, and cries for help
   • Has the auditory ability to hear and distinguish changes in tone and pitch for example when listening to a client’s respirations, cardiac, and abdominal auditory characteristics when using a stethoscope

7. **Visual:** Visual ability sufficient for observation and assessment
   • Has the visual ability to observe audio-visual aids and client, peer, and faculty responses.
   • Has the visual ability to read medical documents; see small calibrations on sphygmomanometers, syringes, and thermometers; observe patient responses to interventions or health problems; and detect color changes
   • Performs nursing skills such as inserting urinary catheters and IV devices, counting respirations, and preparing or administering medications
   • Has the visual ability to discriminate colors, changes in color, size, and contour of body part
   • Has the visual ability to identify, prepare, and administer medications accurately and safely by all routes
   • Has the visual ability to observe patient responses
   • Has the visual ability to assess client visual acuity
   • Has the visual ability to inspect skin and body structures

8. **Tactile:** Tactile ability sufficient for physical assessment
   • Performs palpation functions correctly for physical examination and therapeutic interventions such as pulses, temperature, texture, firmness, softness, and physical landmarks

9. **Emotional Stability:** Emotional stability sufficient to tolerate rapid and changing conditions and environmental stress
   • Establishes therapeutic interpersonal boundaries
   • Provides clients with emotional support and respect differences in patients, families and other students
   • Complete all responsibilities in the assessment and implementation of nursing care for patients in a timely, safe and effective manner
   • Adapts to stressful situations and changing environments while maintaining professional conduct and standards
   • Have adequate environmental awareness and emotional stability to remain calm and function effectively in multiple, complex settings that may be stressful, noisy and may be potential harmful
   • Take responsibility for their own actions
   • Poses no threat to self or others
   • Performs potentially stressful tasks concurrently

10. **Professional Behavior:** Behave in a respectful, ethical and professional manner with others
    • Interacts respectfully with peers, faculty, superiors, clients, and families
    • Strives to provide quality client care
    • Applies knowledge and clinical reasoning
• Reflects on own behavior and clinical performance with clients; engages in self-evaluations
• Has the ability to interact with peers and colleagues appropriately
• Has the ability to collaborate with clients, families, and others in nursing situations
• Integrates ethical behavior in nursing practice
• Performs activities safely, so as to not injure or harm others or self
• Recognizes that all students represent the nursing profession and must behave accordingly
• Respects and adheres to the policies and procedures of the School of Nursing and clinical agencies

Application for Accommodation Prior to Matriculation:

The UAB School of Nursing will provide reasonable accommodations to qualified individuals with approved accommodation(s). In order to request accommodations, students must contact the UAB Office of Disability Support Services and follow the registration process. UABSON faculty collaborate with Disability Support Services within the scope of the core performance standards to establish reasonable accommodations. Throughout a student's career, the UABSON will work with the student and DSS to make sure accommodations are reasonably facilitated and maintains safety for the student and patient.

Application for Accommodation After Matriculation:

Students seeking accommodations will be referred to the UAB Office of Disability Services. Personnel in the Disability Office will follow established protocol to determine if the student is eligible for accommodations. Any financial cost for documentation, assessment or evaluation will be the sole responsibility of the student. The Office of Disability Support Services will review the results of evaluations to determine whether a condition exists, and whether accommodations are necessary. If they determine that accommodations are necessary to allow a nursing student to meet the Pre-licensure Core Performance Standards then they will educate students on the process of forwarding those recommendations to the appropriate faculty. The appropriate faculty will work with the student and DSS to determine if there are reasonable accommodations. If reasonable accommodations cannot be made, the student will be informed. If the student is unable to meet the Pre-licensure Core Performance Standards. A nursing student who is dismissed based on inability to meet the Pre-licensure Core Performance Standards of the UABSON will have the right of appeal through the established grievance process used in UABSON Student Handbook. If the accommodation is approved, the UABSON will work to make sure that the accommodation is reasonably facilitated from that point forward. Retroactive accommodations will not be allowed.
Program of Study

INSTRUCTIONS FOR DETERMINING YOUR PLAN FOR COURSEWORK

The Program of Study (POS) is your agreement between you and the School of Nursing. Program of studies have been developed ahead of time to help ensure there is space available in each course and to provide a seamless flow through the coursework. If changes are necessary in your POS due to previously completed nursing graduate or doctoral coursework, you **MUST** gain approval. The initial POS approval will be issued from the Office of Student Success before DNP Orientation through U.S Mail. Please make sure that our office has your updated address on file. We will use the address listed on your application to mail your Program of Study. You can reach Ms. Jacque Lavier via email at jlavier@uab.edu or via telephone at 205-975-3115 with questions.

Please complete the following if you have taken previous courses to be considered for waiver or transfer:

**FOR MSN/DNP Applicants:**
1. If you **HAVE** taken doctoral level nursing courses and wish to have them considered for transfer (up to 12 hours of **equivalent** UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:
   - Complete and submit the “Request for Approval and Transfer of Graduate Level Coursework” form provided in the Admission Packet one form per course and also include a course syllabi for non-UABSON courses)

   Note: Previous UAB SON students will not need to submit course syllabi

**FOR BSN/DNP Applicants:**
2. If you **HAVE** taken graduate or doctoral level nursing courses and wish to have them considered for transfer (up to 12 hours of **equivalent** UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:
   - Complete and submit the “Request for Approval and Transfer of Graduate Level Coursework” form provided in the Admission Packet one form per course and also include a course syllabi for non-UABSON courses)

   Note: Previous UAB SON students will not need to submit course syllabi

Coursework assessments can take up to 4 weeks for complete course requests to be considered for equivalency decision for Program of Study determination. Start this process as soon as possible. Please send all documentation as one packet by email to Ms. Jacque Lavier at jlavier@uab.edu or by fax to 205-934-5490.

**NOTE:** Your POS Hold will be lifted and you will be able to register for courses **after** you have a signed POS submitted back to the UAB School of Nursing.